

Name of Party or Representative

Address _____

Telephone _____

☐ Claimant or ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____)	AB No.: _____
Claimant,)	
)	DCD No.: _____
vs.)	
)	Accident Date: _____
_____)	
Employer,)	
)	
and)	
)	
_____)	
Insurance Carrier.)	
_____)	

STIPULATION TO DISMISS A PARTY

The parties hereby stipulate and agree that the following party be dismissed as a party to the subject appeal, without prejudice, because he/she/it has no position regarding the issues on appeal and no interest in the outcome of the issues on appeal:

Party to be dismissed from the appeal: _____

On behalf of Claimant:

Dated: _____

Signed: _____

Print name: _____

On behalf of Employer:

Dated: _____

Signed: _____

Print name: _____

APPROVED AND SO ORDERED:

ROLAND Q.F. THOM, Chairman

MELANIE S. MATSUI, Member

DAVID A. PENDLETON, Member